

ORDERING INSTRUCTIONS

1. Fill out all information. Offer will expire on Sept 30, 1994.
2. Print your name and address clearly. You must include your signature and your birth date.
3. In your envelope, enclose your Basic pack UPCs for your order. Excess UPCs will not be returned.



4. Send check or money order for postage and handling payable to "Your Basic Wear." DO NOT SEND CASH.
5. Mail to: Your Basic Wear Offer, P.O. Box 24312, Kankakee, IL 60902-4312. Postage may vary. Be sure to have sufficient postage on your envelope. If you have any questions about your order, call 1-800-440-1444.

If your address is not correct, please make changes below.

☐ Mr.
☐ Ms.
☐ Ms. _____ Home Phone () _____
Address _____ Apt # _____
City _____ State _____ ZIP _____
Current Brand _____ Previous Brand Smoked _____

Item No.	Item	Quantity	Pack UPCs per Item	Pack UPCs Enclosed per Item	Postage & Handling per Item	Postage & Handling Enclosed for Items
1	SWEATSHIRTS		40		\$5.00	
2	SWEATPANTS		30		Free	
3	SHORTS		20		Free	
Total Pack UPCs and Postage and Handling Enclosed						

Allow 10-12 weeks for delivery. Not responsible for lost, late, misdirected, mutilated, or postage-due mail. No facsimiles accepted. Offer limited to smokers 21 years of age or older. Offer good only in the USA. Offer void in Kansas or wherever else prohibited. Offer void to employees of Philip Morris and its advertising agencies' employees. No group or organization orders or requests will be honored.

By participating in this offer and signing below, I certify I am a smoker 21 years of age or older. I am also willing to receive free cigarettes and branded incentive items in the mail subject to applicable state and federal law.

Signature X _____ Date of Birth _____
(required) (required) Month Day Year

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PUT ME ON YOUR BASIC® MAILING LIST

Complete, sign and return this form to get on our mailing list. You'll then be eligible for future offers of special interest to adult smokers. **LIMITED TO SMOKERS 21 YEARS OF AGE OR OLDER.**

☐ Mr.
☐ Ms.
☐ Mrs. _____ ☐ Male
☐ Female

Address _____ Apt. # _____

City _____

State _____ ZIP _____

Phone () _____

Regular brand smoked: _____

Mail completed survey to: BASIC SURVEY
P.O. Box 68999
Schaumburg, IL 60168-0999

PSBT

By redeeming this coupon and signing below, I certify I am a smoker 21 years of age or older. I am also willing to receive free cigarettes and branded incentive items in the mail, subject to federal and state law.

Signature _____
(required)

Birthdate _____
(required) month day year

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1. What is your regular brand of cigarettes - that is, the brand you smoke most often?

(brand name)

2. Is your regular brand...? (Check one.)
☐ Regular/King Size ☐ 100's ☐ 120's

3. Is your regular brand...? (Check one.)
☐ Menthol ☐ Non-Menthol

4. Is your regular brand...? (Check one.)
☐ Filter ☐ Non Filter

5. Is your regular brand...? (Check one.)
☐ Lowest/1mg Tar ☐ Ultra/Extra Low Tar
☐ Light/Mild ☐ Medium ☐ Full Flavor

6. Do you usually buy it by the...? (Check one.)
☐ Pack ☐ Carton ☐ Both Ways

7. How long have you smoked this brand?
☐ Less than 1 yr ☐ 2 to 3 yrs ☐ Over 5 yrs
☐ 1 to 2 yrs ☐ 3 to 5 yrs

8. What, if any, was your previous brand?
(brand name)

9. If your regular brand were not available, which of the following brands would you consider buying? (Check all that apply.)

☐ Alpine ☐ Camel ☐ Merit ☐ Salem
☐ Basic ☐ Capri ☐ Misty ☐ SweetBrand/
☐ Benson & ☐ Carlton ☐ Monarch ☐ Generic
Hedges ☐ Doral ☐ Montclair ☐ True
☐ Best Buy ☐ GPC ☐ Newport ☐ Vantage
☐ Best Value ☐ Kent ☐ Now ☐ Virginia Slims
☐ Bristol ☐ Kool ☐ Parliament ☐ Winston
☐ Cambridge ☐ Marlboro ☐ None ☐ Other (brand name)

No facsimiles accepted. Please respond by 9/30/94.



9934 G11 R2 Order Form
Leo B. #M00000 03/15/94
Operator: ruben
FC: Goudy, Capps; Dingy Bats
Adobe: Helvetica Zapf Dingbats

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